

## Foster Family Home - Corrective Action Report

Provider ID: 1-110062

Home Name: Frances Gay-ya, CNA

Review ID: 1-110062-12

1940 Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 10/8/2019

Foster Family Home

Required Certificate

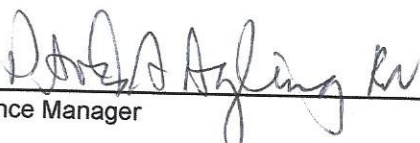
[11-800-6]

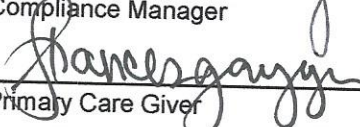
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/8/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

10/8/19  
Date

10-08-19  
Date